



**State of Arkansas**

**Credit Card Setup for Hertz Rentals**

Instructions:

- Copy and paste the below text onto State of Arkansas letterhead that includes a mailing address and telephone number.
- Complete the agency name, procurement card, and contact information requested.
- The Letter of Agreement must be signed by an agency Director or designee.
- We regret that no additions, deletions or changes to the text will be accepted.
- Fax to **405-979-3369** or email the Letter of Agreement to [Hertzchargecardchanges@hertz.com](mailto:Hertzchargecardchanges@hertz.com)

**Hertz Guaranteed Credit Card Applicant Program Letter of Agreement**

By requesting the Hertz #1 Club Applicant Program (**enter Agency Name**) the (**Agency Name**) hereby agrees to issue the Applicant Program #1 Club Number only to those authorized personnel responsible for making reservation through the Applicant Program. The (**Agency Name**) warrants and represents that all persons who will operate any vehicle under the Applicant Program are at least 18 years old, or meet the requirements of the Company’s corporate account agreement with Hertz, if the corporate account agreement contains other minimum age provisions. It is further understood and agreed that the Company requests the Applicant Program charges to be billed on the following State Procurement or Credit Card.

**\*Hertz Use Only \* Parent Contract: State of Arkansas 83375 \*Do Not Change\***

**\* Hertz Use Only \* New CDP Requested with Direct Bill/Applicant # \*Do Not Change\***

Card Type and Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Names as it appears on card: \_\_\_\_\_

Alternate Billing Address if different than letterhead: \_\_\_\_\_

The (**Agency Name**) hereby assumes all responsibility and liability for the payment of any and all charges whatsoever incurred through use of the Applicant Program Number. Hertz is authorized to verify any information concerning the above credit card with the issuing bank or Credit Card Company.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Type Signer’s Name & Title

\_\_\_\_\_  
Date

Additional Information (Complete this section only if your company already has an existing Guaranteed Credit Card Applicant Program account and wishes to change the credit card number.) To change credit card numbers on an existing Guaranteed Credit Card Applicant Program, please complete Letter of Agreement above and provide the following additional information:

\_\_\_\_\_  
Applicant Program #1 Number

\_\_\_\_\_  
New Credit Card Number/Exp Date

\_\_\_\_\_  
Cardholder Name